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The Physician and the Sacrament of Extreme Unction

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THERE IS SO MUCH of the beautiful in all the ceremonials of the Catholic Church that to isolate the sacrament of Extreme Unction for a particular discussion of its beauty would seem rather jejune. When to beauty, however, are added power and significance of purpose, the subject develops an aura of higher dignity. And when to the marks of beauty, power, and significance there is added the fact that the physician, unlike the layman, is almost daily in contact with the sacrament of Extreme Unction, the importance of a discussion of that sacrament, especially as it is related to the activities of the physician, may be readily comprehensible. Second only perhaps to his personal attendance upon his own religious duties is the doctor's duty in time of serious illness to advise the reception of the sacrament of Extreme Unction.

Instituted by Christ to be administered in danger of death, it is a part of the last benediction that man may receive before mortal dissolution speeds the flight of the soul. Received in sequence to the sacrament of Penance and to Holy Viaticum and preceding the final Papal Benediction it prepares the spirit for the promised Beatific Vision. In the light of the purpose of its existence this Sacrament assumes a major role in the daily routine of the physician's practice.

Man is a being in whom the two elements of which he is composed—body and soul—are interactive. There is no question but that the emotions of worry, fear, remorse and despair, all experienced by the troubled soul, have definite deleterious effects on the body. Similarly a diseased body, broken and rendered useless, stimulates a hitherto lethargic mind to contemplate the soul and its destiny.

"Mens sana in corpore sano, fortem posce animum, mortis terrore carentem"—a sound mind in a sound body and a brave spirit troubled not by the terrors of death. Preachers, writers, statesmen, all have often quoted the first portion of the above. Less well remembered and less frequently used is the latter half. A sound mind contributes to the enduring soundness, func-

tionally speaking, of the body. No less realistically does a clean soul (*animus*) contribute to a terrorless death. In this respect alone the Sacrament of Extreme Unction is unexcelled in significance. It is the only justifiable form of euthanasia available to the Catholic physician. And how significant it is! Practiced as the doctor is in the interpretation of facial expression and accurate in diagnosing "the native act and figure of the heart in complement extern" from the coordinated action of facial muscles, it is he who would be first to affirm the unaffected expression of faith on the face of the sick man who has just received the last sacrament—an expression of faith vastly superior in its marks of beauty to any observed during the course of untroubled life.

In addition to the actual spiritual power of Extreme Unction there are other perfectly tangible results to be noted during and following its administration. These results are likely to be more clearly apparent to the physician and the priest than to the patient or his kin. Reference is here specifically made to the psychologic reaction of the persons at the immediate bedside. How often has it been noted that the atmosphere of the sick room, seemingly heavy with doubt and uncertainty, suddenly becomes clear and light following the reception of the last sacrament by the patient. The change is noted by all and to each there may come the impression that the end is not yet, that there is still some hope! Although reason may dictate that there has been no material change, yet change of some sort there certainly has been. That change is undoubtedly due to the relief of nerve-muscle tension when the individual emotions of fear and doubt are replaced by confidence and by the conscious satisfaction of something accomplished. The patient becomes less fretful and more at ease. His attitude is more cheerful. He is always relieved in mind and seemingly on not too infrequent occasions in body; for it is common to find that reception of Extreme Unction appears to relieve pain. The patient is buoyed by two separate hopes. If he is not to die, the sacrament just received will speed his recovery; and if death is inevitable, he will pass on with a sense of security for the future. In either case, he exemplifies the last half of the quotation—*"fortem posce animum, mortis terrore carentem."*

The patient's relatives console themselves with the thought that their dear one has not gone to his Creator "unanointed and unanointed." They have consummated a duty not only to their relative but also to their religion and their God. They have also very effectively avoided the probable qualms of conscience that would have come should they have been neglectful of the step taken. They are likely to experience, too, a marked sense of relief from

another point of view. An otherwise intelligent and mature individual will often exhibit a morbid and stupid type of solicitude for a patient. It is based upon the actually non-existent terror with which a sick person is supposed to become possessed at the mere mention of the last sacrament. The possibility of this attitude being found in the sick room is always present. A perfectly splendid but highly emotional husband or wife, brother or sister will at times almost harshly turn aside the doctor's suggestion of Extreme Unction on the entirely false premise that the very sight of the priest with the Holy Oils is sufficient cause for a grave relapse, an emotional storm bordering on hysteria or even sudden death from shock. For this reason, with strong emotion clouding reason and judgment, Extreme Unction is all too often unreasonably delayed. Only after insistence by the physician has broken down prejudice, do these well-intentioned relatives allow the priest to administer the sacrament; and only after the threatened storm fails to materialize do they realize with wonder and awe that they could have been mistaken. Then and only then do they experience the relief of mind that should have been theirs at the first suggestion of the last sacrament. As a matter of personal experience the author has yet to see a patient unduly upset by either the pre-announced or the unheralded entrance of the priest into the sick room for the purpose of ministering to the ill.

It should be recalled by medical men both as doctors and as possible patients, that Extreme Unction should be received while the subject is conscious and fully aware of what is taking place.

Extreme Unction has an effect on every person present at its administration and in no little measure on the doctor. The patient may assume one of two attitudes: he may exhibit a heretofore unexpected strength of will to live. This is of extreme importance, especially in the acute fulminating types of illnesses; or he may more peacefully resign himself to the unswerving course of approaching death. In either instance, he becomes a lesser trial to an already sorely tried doctor. The will to live in the face of impending disaster means that the physician is assured of the fullest cooperation that his patient's intellect, will and physical strength are capable of giving. Every doctor fully realizes the great powers of these three forces of resistance and assistance. Would that the physician always might have all of those factors assisting him! In the other instance the patient conveys by his attitude the impression that the doctor has done his best in a positive manner, has left nothing undone the doing of which might have altered the end result, and having approached the apex of his human limitations must of necessity resign his will with that of doctor to the Will which allows them both to live

and die to live again. Truly may it be said that the physician has a constant ally in the sacrament of Extreme Unction.

Having so often viewed with interest the various difficult situations encountered in the giving of the last sacrament, the physician is qualified to make some observations on the several mental and emotional attitudes manifested by those in attendance. The first question one might ask is: What is the predominating note in the attitude of the patient toward his reception of the last sacrament. It is probably safe to say that in the large majority of cases, and these regardless of age and sex, the commonly expected reactions of fear varying in degree from simple nervous apprehension through the stages of worry, stark terror, hysteria and despair are the exception rather than the rule. Two notes in man's spiritual-material composition predominate, confidence or faith and its sequel relaxation. Confidence is engendered by a sense of security; and security of station results in better neuromuscular coordination so necessary to complete relaxation. There has been present up to now an inhibition in the form of emotional tension. In the presence of such an inhibition neither spiritual nor muscular relaxation are possible. With the removal of the inhibition there is a psycho-physiologic response allowing the return to full balance of the previously existing imbalance between two opposing autonomic influences. In other words, a peaceful soul inhabits a peaceful body.

What may be said of the attitude of the physician toward Extreme Unction? Just as the doctor is likely to be the first to recognize the seriousness of an illness, he should be the first to suggest the full measure of consolation that the Church can give to his patient. This happens daily. It is interesting to note at this point that most non-Catholic physicians are very conscientious in the matter of advising the family of a Catholic patient that the "last rites" of the Church should be obtained.

The attitude of the priest in the sick room while anointing the ill is always inspiring and conducive to the sense of well-being of all. Dignified, calm, unhurried, unawed by the close proximity of death, reassuring in his every word and gesture, he figuratively "pours oil on troubled waters" when he anoints with oil the organs of the five senses. The well-modulated voice speaking softly, but distinctly, without quiver or trace of nervous tension, serves to inspire not only him who is the chief object of his attention but also those who reverently assist by their presence.

Standing quietly and unobserved and somewhat apart from the others during the ceremony the physician has the oft-repeated opportunity of

closely observing the composite picture. The patient is conscious and in danger of death, the members of the family are grouped around the bed and the priest in purple stole anoints with the oil of salvation—this is the spiritual preparation for death. If there is beauty in death it can be seen only in the well-prepared; and it has its basis in the sacrament of the dying. Beauty in death is not to be observed under any other circumstances.

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